Independent Adoption Program - Individual Case Report

INSTRUCTIONS: Complete this form when final court report is prepared. For Approvals, answer questions 1-5 and 8-37. For Conditional Approvals, answer all questions 1-6 and 8-37. For Dismissals and Denials, answer questions 1-5, 7 and all other items for which information is available.

Return One Copy of form To:

DEPARTMENT OF SOCIAL SERVICES
DATA OPERATIONS BRANCH, M.S. 19-81
P.O. BOX 944243
SACRAMENTO, CA 94244-2430
FAX: (916) 322-9254

The appropriate entry for a ☐ is a cross ☒

For ☐☐☐☐ is a number | 0 | 3 | 3 |
Round all dollar amounts — no spaces are allowed for cents

A. CHILD'S NAME

B. ADOPTING PARENT'(S) NAME

C. INVESTIGATED BY:
CDSS ☐ 1
CO. AGENCY ☐ 2

D. AGENCY NAME   CODE

D. STATE CASE NUMBER (Include County Prefix)
Alpha   Numeric   AD

PART I.   GENERAL CASE INFORMATION

1. Date petition filed. .... MONTH DAY YEAR

2. Was the 180-day time limit met? *(FC 8807)* .... YES ☐ 1   NO ☐ 2

3. A. Was extension granted to 180-day limit? .... YES ☐ 1   NO ☐ 2

   B. If YES, enter number of days extended ....

   C. If YES, primary reason for extension: (Enter code) ....
      Code   1 Indian child/ICWA process
                 More time needed by:
              2 Legal/birth parent(s)   4 Adopting parent(s) attorney
              3 Adopting parent(s)   5 Agency

4. Date final court report filed......................... MONTH DAY YEAR

5. Recommendation to court: (Enter code) ....
   Code   1 Approval   3 Dismissal
           2 Conditional approval 4 Denial

NOTE: PLEASE REVIEW INSTRUCTIONS ABOVE

6. Primary reason for conditional approval:
   (Enter code)...
      Code   1 F C 7820 et seq. (former CC 232) action pending
              2 F C 7660 et seq. (former 7017) action pending
              3 Other court action pending
              4 Question validity of parent consent
              5 Other (specify) _____
      CDSS

7. Primary reason for dismissal/denial: (Enter code) ....
   Code 01 Petition filed in wrong county - will refile
         02 Other technicality regarding petition
         03 Child refused to consent
         Parent(s):
         11 Refused consent - child reclaimed
         12 Refused consent - child not reclaimed
         13 Revoked placement agreement or consent - child reclaimed
         14 Revoked placement agreement or consent - child not reclaimed
         Adopting Parent(s):
         21 Home not suitable
         22 Withdrew - child returned
         23 Withdrew - child not returned
         10 Other (specify) _____
      CDSS

8. Questions A and B are applicable to:
   Code   (P)   Petitioners   (PF 2) Presumed Father 2
          (BM) Birth Mother   (AF1)   Alleged Father 1
          (PF 1) Presumed Father   (AF2)   Alleged Father 2

   A. Was 45-day time limit met?   P   BM   PF1 PF2 AF1 AF2
      (Enter code) ....
      1=Yes   2=No   0=N/A
      (N/A when no such person or person out of state, or name, address unknown)

                                     P   BM   PF1 PF2 AF1 AF2
   B. If NO, reason: (Enter code) ....
      Code 1 Agency not available
            2 Name, address, phone not provided
               within 10 working days of filing petition
            3 Unable to contact/locate
            4 Party did not keep appointments
            5 Other (specify) _____
      CDSS

9. Action(s) to free child. *(Indicate type of action for each applicable person by entering code below.)*

Action Codes

Court Actions	Voluntary Actions
02 Family Code 7820 et seq. (Civil Code 232)	12 Independent Adoption Placement Agreement signed
03 Family Code 7660 et seq. (Civil Code 7017)	01 Consent signed
04 Family Code 7666 (Civil Code 7017 Notice)	07 Waiver of right to further notice signed
05 Family code 7630 et seq. (Civil Code 7006)	08 Denial of paternity signed
06 Family Code 8604(c) Civil Code 221.20)	09 Birth parent(s) deceased
10 Out-of-state court action	11 Other actions

                                                            CODE

   A. Mother...

   B. Presumed/legal father #1..

   C. Presumed/legal father #2..

   D. Alleged natural father #1...

   E. Alleged natural father #2...

10. Key Placement Agreement and Consent Dates
    Complete 10A and 10C for birth parents who signed an Independent Adoption Placement Agreement (Item 9 Code = 12).

    Complete 10B and 10C fro birth parents who signed a consent to Adoption (Item 9 Code = 01).

    If more than one father signed a placement agreement or consent, provide information about the father who is most probably the father.

    Codes for Adoption Service Providers
       01 Licensed Private California Adoption Agency
       02 Individual California LCSW
       03 Adoption agency licensed or otherwise certified in another state
       04 Clinical social worker licensed or certified in another state
       05 Independent legal counsel for the birth parent(s) in California
       06 Independent legal counsel for the birth parent(s) in another state

    Codes for Person/Agency Witnessing Signing of Waiver
    In California:
       11 CDSS District Office
       12 Delegated County Adoption Agency
       13 Judicial Officer of California Court

    Outside California:
       14 Public Adoption Agency in another state
       15 Judicial Officer of court in another state
       Adoption Service Provider outside California
          03 Licensed Private Adoption Agency in another state
          04 Clinical social worker licensed or certified in another state
          06 Independent legal counsel for birth parent in another state

    A. For Parent(s) Signing Placement Agreement
                          Birth Mother   Birth Father

       Date of   MONTH DAY YEAR   MONTH DAY YEAR
       advisement....

                          Birth Mother   Birth Father

       Type of adoption
       service provider.............

       Date advised   Birth Mother   Birth Father
       parent signed
       placement   MONTH DAY YEAR   MONTH DAY YEAR
       agreement....

    B. For Parent(s) Signing Consent to Adoption
       Date parent   Birth Mother   Birth Father
       signed
       consent to   MONTH DAY YEAR   MONTH DAY YEAR
       adoption ....

       Was consent signed   Birth Mother   Birth Father
       in California?........... YES ☐ 1 NO ☐ 2   YES ☐ 1 NO ☐ 2

    C. For Parents signing Placement Agreement or Consent
       Date parent   Birth Mother   Birth Father
       revoked placement
       agreement/   MONTH DAY YEAR   MONTH DAY YEAR
       consent ....

       Date parent signed
       waiver of right
       to revoke   MONTH DAY YEAR   MONTH DAY YEAR
       consent ....

       Person/agency
       witnessing signing
       of waiver.......................

PART II.   DATA ON CHILD

11. Sex .... Male ☐ 1   Female ☐ 2

                                            MONTH DAY YEAR
12. Birthdate ....

13. Date child began living with adopting family:...

14. A. Was child previously placed for adoption
       with another family? .... YES ☐ 1   NO ☐ 2

    B. If YES, was adoption completed? .... YES ☐ 1   NO ☐ 2

PLEASE COMPLETE REVERSE SIDE OF THIS PAGE.

15. Indicate which, if any, of the following conditions the child has:

Mental retardation .... ☐ 01
Visual or hearing impairment .... ☐ 02
Physical disability.. ☐ 03
Emotional disturbance .... ☐ 04
Medical condition .... ☐ 05
Behavioral problems .... ☐ 06
Developmental delay .... ☐ 07
Language developmental delay .... ☐ 08
Attention deficit disorder (ADD/ADHD) .... ☐ 09
Adverse parental background ....
   Mentally ill birth parent... ☐ 10
   Drug exposed during pregnancy .... ☐ 11
   Other adverse parental background .... ☐ 12
No problems identified .... ☐ 99

16. A. Was child subject to the Indian Child
   Welfare Act?...................................... YES ☐ 1   NO ☐ 2

  B. If YES, name of tribe:
   _____ ☐☐
                                  CDSS

17. Was the child a dependent of the court when
the adoption petition was files?............................. YES ☐ 1   NO ☐ 2

PART III.   DATA ON LEGAL/BIRTH PARENTS

18. Birthdate(s) of legal/birth parent(s):   UNK
                  MONTH DAY   YEAR
  A. Mother.. |__|__|__|__|__|__| ☐ 3

  B. Father .... |__|__|__|__|__|__| ☐ 3

19. A. State/country of legal residence of legal/birth mother
   _____ ☐☐
                             CDSS

  B.. State/country of birth of child
   _____ ☐☐
                             CDSS

20. Were birth parents married to each other at time
of birth of child?... YES ☐ 1   NO ☐ 2

21. A. Did legal/birth parent(s) have help when
   choosing adoptive parents?.................. YES ☐ 1   NO ☐ 2

  B. If YES, principal person assisting:(Enter code)................ ☐
   Code: 1 Relative   5 Physician/nurse
         2 Friend/neighbor 6 Public agency
         3 Church/minister 7 Adoption center/clinic
         4 Attorney   8 Other (specify) _____ ☐☐
                                 CDSS

22. In your opinion, did an irregular placement occur? YES ☐ 1 NO ☐ 2

23. Primary reason for placement: (Enter code) .... ☐
   Code: 1 Single parent chose to place child
         2 Birth parents separated - chose to place child
         3 Birth parents living together - chose to place child
         4 Presumed/legal father is not birth father
         5 Readoption by birth parents
         6 Parent(s) deceased
         7 Parent(s) unable to parent
         8 Abandoned
         9 Other (specify) _____ ☐☐
                                  CDSS

PART IV.   DATA ON LEGAL/BIRTH PARENTS AND ADOPTING PARENT(S)

24. A. Race: (for each parent, enter code for race, for mixed parentage, enter
   code for primary group)

	Birth Parents		Adopting Parents	
	MOTHER	FATHER	MOTHER	FATHER
	☐☐	☐☐	☐☐	☐☐

  Code Selection:
  01 White   07 Chinese   13 Hawaiian
  03 Black   08 Cambodian   14 Guamanian
  04 Other Asian/   09 Japanese   15 Laotian
       Pacific Islander 10 Korean   16 Vietnamese
  05 Filipino   11 Samoan   17 Unknown
  06 Alaskan Native/ 12 Asian/Indian
       American Indian

	Birth Parents		Adopting Parents	
	MOTHER	FATHER	MOTHER	FATHER
B. Is this person of Hispanic origin?	☐	☐	☐	☐

     Code 1 Yes   2 No

	Birth Parents		Adopting Parents	
	MOTHER	FATHER	MOTHER	FATHER
25. Education: For each parent, enter code of highest grade completed..........	☐	☐	☐	☐

  Code: 1 8th grade and under   5 Four-year college graduate
        2 Some high school   6 Post graduate degree
        3 High school graduate   7 Unknown
        4 Some college/trade school

COMPLETED BY: (PLEASE PRINT)

PART V.   DATA ON ADOPTING PARENT(S)

26. Is the child being adopted by only one adopting parent?
   (Enter code) .... ☐
   Code: 1 No   2 Yes, father is sole adopting parent
                        3 Yes, mother is sole adopting parent

                                      MOTHER FATHER
27. Marital status of adopting parent(s)
   at time of placement (Enter code)........................... ☐   ☐
   Code: 1 Married   2 Not married   3 Separated

                                        MOTHER FATHER
28. Is adopting parent(s) related to child?
   (*By blood, marriage or through*
   previous adoption)   Enter code .... ☐   ☐
   Code 1 NO   If YES, enter code:
                 2 Grandparent   6 Sibling
                 3 Aunt/Uncle   7 Other (specify) _____ ☐☐
                 4 Cousin   8 Birth Parent   CDSS

29. Birthdate(s) of adopting parent(s):
                           MONTH DAY   YEAR
  A. Mother...................................... |__|__|__|__|__|__|

  B. Father.. |__|__|__|__|__|__|

30. Number of minor children in family of adopting parent(s):

  A. This adoptive child... | 1 |

  B. Other children being adopted:
    01 Birth siblings.. ☐☐

    02 Non siblings of this child.. ☐☐
       Name(s)   State Case #

      _____   _____

      _____   _____

  C. Previously adopted (except stepparent) .... ☐☐

  D. Biological children of either parent .... ☐☐

  E. Foster children... ☐☐

  F. Guardianship cases .... ☐☐

  G. Other children .... ☐☐

  H. Total.. ☐☐

                                      MOTHER FATHER
31. Employment status of adopting parent(s) prior
   to adoptive placement of this child:
   (Enter code) .... ☐   ☐
   Code 1 Employed full time
         2 Employed part-time (less than 25 hours/week)
         3 Not employed

                                      Whole Dollars
32. Annual gross income of adopting parent(s)
   (earned and unearned in whole dollars)................... |__|__|__|__|__|__|

33. A. Did adopting parent(s) meet face-to-face with:
    (1) Legal/birth mother?.................................. YES ☐ 1   NO ☐ 2

    (2) Legal/birth father?.................................... YES ☐ 1   NO ☐ 2

  B. If YES, in Item 33A, did they meet prior to placement?
    (1) Legal/birth father?.................................... YES ☐ 1   NO ☐ 2

    (2) Legal/birth father?.................................... YES ☐ 1   NO ☐ 2

34. A. Did adopting parent(s) file a guardianship
   petition? .... YES ☐ 1   NO ☐ 2

  B. If YES, was guardianship granted?................ YES ☐ 1   NO ☐ 2

                                          Unknown
35. Do adopting parent(s) and legal/birth parent(s)
   plan to have contact in the future?   YES ☐ 1   NO ☐ 2   ☐ 3

36. A. Did adopting parent(s) pay any expenses of
   birth parents or child? .... YES ☐ 1   NO ☐ 2

  B. If YES, enter amount paid:
                                    Whole Dollars
    (1) Medical for mother/child .... |__|__|__|__|__|__|
                                     Whole Dollars
    (2) Living expenses/other payments .... |__|__|__|__|__|__|
                                     Whole Dollars
    (3) Adoption Service Provider and counseling... |__|__|__|__|__|__|
                                     Whole Dollars
    (4) Attorney for birth parent.............................. |__|__|__|__|__|__|
                                       Whole Dollars
    (5) Total.. |__|__|__|__|__|__|
                                      Whole Dollars
37. Agency fee for this child .... |__|__|__|__|__|__|

DATE	PHONE NUMBER
	( )

CONTENT AND PURPOSE

A Form AD 42I shall be completed for each child involved in an independent adoption petition. The form is used to obtain characteristic data on birth parents, petitioners, adopted children and selected aspects of agency actions.

DUE DATE AND SUBMITTAL INSTRUCTIONS

All public adoption agencies and California Department of Social Services (CDSS) staff responsible for independent adoption investigations shall complete a Form AD 42I for each subject of an Independent Adoption petition whenever a final report is prepared and submitted to the court, or no later than the twentieth (20th) calendar day of the subsequent month.

Send the completed original Form AD 42I to:

California Department of Social Services
Data Operations Branch
Reports Unit, MS. 19-81
P.O. Box 944243
Sacramento, California 94244-2430
FAX (916) 322-9254

RETAIN A COPY OF THE AD 42I FOR YOUR RECORDS.

GENERAL INFORMATION

A Form AD 42I must be submitted for each child for whom an independent adoption petition is investigated. All applicable items on the form shall be completed as fully and accurately as possible. If more than one child is being adopted by the same petitioner(s), prepare a Form AD 42I for each child. If the child has been the subject of a previous adoption which was acted upon by the court, a new Form Ad 42I must be prepared reflecting the current adoption action.

CASE IDENTIFICATION SECTION

A **Child's Name**: Enter the full name of the child as it appears on the adoption petition and the original birth certificate (child's name before adoption). If more than one child is being adopted by the petitioner(s), a separate Form AD 42I shall be completed for each child.

B **Adopting Parent(s):** Enter the first name, middle initial and last name of the adopting parent(s).

C **Investigated by**: Enter an "X" in the appropriate box to indicate whether the AD 42I is being submitted by a CDSS district office or a county agency.

D **Agency Name**: Enter the name and code designation of the reporting agency (county agency or CDSS district office).

E **State Number**: Enter the complete state number with the county prefix,(e.g., LACO 45.032 AD).

PART I - GENERAL CASE INFORMATION

Item 1 **Date petition filed.** Enter the date (month, day and year) on which the petition was filed in court as indicated on the petition or the "Notification of Pendency of Action" (Form AD 3).

Item 2 **Was the 180-day time limit met?** Enter an "X" in the appropriate box.

Item 3A **Was extension granted to 180-day limit?** Enter an "X" in the appropriate box.

Item 3B **If "Yes", enter number of days extended**. Enter number of days of extension.

Item 3C **If "Yes", primary reason for extension**. Enter code in box.

Item 4 **Date final court report filed.** Enter the month day and year.

Item 5 **Recommendation to court.** Enter code in box.

Item 6 **Primary reason for conditional approval**. Complete only if Item 5 is coded 2. Enter the appropriate code.

Item 7 **Primary reason for dismissal/denial**. Complete only if Item 5 is coded 3 or 4. Enter the appropriate code.

Item 8A **Was 45-day time limit met?** Enter the appropriate code for the petitioner(s) and for each possible parent. If the person does not exist, e.g., if there is no second alleged father, enter "0". If an interview within 45 days was not required, enter "0".

Item 8B **If "No", reason**. Enter the appropriate code for those cases where Item 8A is coded "2" (No).

Item 9 **Action(s) to free child**. For each identified parent, enter the type of action under "code".

Item 10 **Key placement agreement and consent dates**. Complete Items 10A and 10C for birth parents who signed an Independent Adoption Placement Agreement. Complete Items 10B and 10C for birth parents who signed a consent to adoption. If more than one father signed a placement agreement or consent, provide information about the person who is most probably the father.

Only complete those parts of Item 10C that apply to the parent. If the parent did no revoke the placement agreement or consent, leave that date blank; if the parent did not waive his or her right to revoke consent, leave that date and the identity of the person witnessing the signing of the waiver blank.

PART II. - DATA ON CHILD

Item 11 **Sex**. Enter an "X" in the appropriate box.

Item 12 **Birthdate**. Enter the month, day and year of child's birth.

Item 13 **Date child began living with adopting family**. Enter the date the child began living with the adopting parents. If the exact date is not known, as in the case in some relative adoptions, estimate the date.

Item 14A **Was the child previously placed for adoption with another family?** Enter an "X" in the appropriate box.

Item 14B **If "Yes", was adoption completed?** Enter an "X" in the appropriate box.

(Note: instructions for Item 15 are the same as those for Item 10 on the the the AD 42R)

Item 15 **Indicate if the child has any of the following conditions**: (Check all that apply)

Enter an "X" in the appropriate boxes. If the child has none of the indicated conditions, enter an "X" in the last ("No problems identified") box.

"Mental retardation" means significantly subaverage general cognitive and motor functioning existing concurrently with deficits in adaptive behavior manifested during the developmental period that adversely affect a child's/youth's socialization and learning diagnosed by a qualified professional.

"Visual or hearing impairment" means having a visual impairment that may significantly affect educational performance or development; or a hearing impairment, whether permanent or fluctuating, that adversely affects educational performance as diagnosed by a qualified professional.

"Physical disability" means a physical condition that adversely affects the child's day-to-day motor functioning, such as cerebral palsy, spina bifida, multiple sclerosis, orthopedic impairments, and other physical disabilities as diagnosed by a qualified professional.

"Emotional disturbance" means a condition exhibiting one or more of the following characteristics over a long period of time and to a marked degree: an inability to build or maintain satisfactory interpersonal relationships; inappropriate types of behavior or feelings under normal circumstances; a general pervasive mood of unhappiness or depression; or a tendency to develop physical symptoms or fears associated with personal problems. The term includes persons who are schizophrenic or autistic. The term does not include persons who are socially maladjusted, unless it is determined that they are also seriously emotionally disturbed. This condition must be clinically diagnosed based on the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders (i.e., DSM IV).

"Medical condition" means any physiological condition not described in the above four conditions such as dependency on life support devices (e.g., respirators, dialysis machines) or conditions such as cancer, diabetes, heart disease and genetic disorders.

"Behavioral problems" means behaviors that are abusive, aggressive or disruptive in ways detrimental to life, comfort and/or property of the child and/or others.

"Developmental delay" means that the child, while not developmentally disabled, is functioning below age level in a way that requires special education or other special treatment.

"Language developmental delay" means that the child's development appears normal except for delayed speech development.

"Attention deficit disorder (ADD/ADHS)" means that the child has been diagnosed as having attention-deficit disorder or attention-deficit/hyperactivity disorder by a qualified professional.

"Adverse parental background - mentally ill birth parent" means that at least one of the child's birth parents had a mental illness such as bipolar disorder or schizophrenia that may be hereditary.

"Adverse parental background - drug exposed during pregnancy" means that the birth mother admitted to using drugs during pregnancy or tested positive for drugs during pregnancy or at the time of delivery or that the child tested positive for drugs at the time of birth. "Drugs" means controlled substances specified in Schedules I to V inclusive of Division 10 (commencing with Section 11000) of the Health and Safety Code.

"Adverse parental background - Other adverse parental background" means parental conditions or actions other than parental mental illness or prenatal drug exposure which are likely to lead to the development of health conditions in the child. Abuse and neglect of the child are included in this category.

"No problems identified" means that the child has none of the problems listed above.

Item 16A **Was the child subject to the Indian Child Welfare Act?** Enter an "" in the appropriate box.

Item 16B **If "Yes", name of tribe**. Enter the name of the tribe which found the child to be subject to the Indian Child Welfare Act.

Item 17 **Was the child a dependent of the court when referred to the adoption program?** Enter an "X" in the appropriate box.

PART III. - DATA ON LEGAL/BIRTH PARENT(S)

Item 18 **Birthdate(s) of legal/birth parent(s)**. If dates are unknown, write in "unknown" next to the appropriate parent. If approximate, but no exact birthdate or age is known, write "estimate" next to information shown.

Item 19A **State/country of legal residence of legal/birth mother.** If the legal/birth mother came from her usual place of residence to California for the birth of her child, enter the name of the state or country of her legal residence. If the legal/birth mother is a California resident (that is, she has an established residence), enter California. Enter an "X" in the "Unknown" box if the legal/birth mother's residence is unknown.

Item 19B **State/country of birth of child.** Enter the state or country of child's birth.

Item 20 **Were birth parents married to each other at the time of birth of child?** Enter an "X" in the appropriate box.

Item 21A **Did legal/birth parent(s) have help when choosing adoptive parents?** Enter an "X" in the appropriate box.

Item 21B **If "Yes", principal person assisting**. Enter appropriate code in box.

Item 22 **In your opinion, did an irregular placement occur?** Enter an "X" in the appropriate box. An irregular or unauthorized placement, one prohibited by Family Code Section 8609(b) which provides that, "Any person, other than a birth parent, or any organization, association, or corporation that, without holding a valid and unrevoked

license to place children for adoption issued by the department, places any child for adoptions guilty of a misdemeanor."

Item 23 **Primary reason for placement**. Enter the code to indicate the primary reason for the child's placement using the following guidelines. If more than one category applies, please use best judgment.

CODES

1 **Single parent chose to place child** - Birth parent with physical custody chose to place child for adoption, (e.g., an unmarried birth mother having little or no relationship with the alleged birth father chose to place her child for adoption).

2 **Birth parents separated - chose to place child** - Birth parents (married or unmarried) are separated and chose to place their child for adoption, (e.g., married but separated birth parents chose to place there child for adoption, or, an unmarried couple have broken up after a significant relationship and chose to place their child for adoption).

3 **Birth parents living together - chose to place child** - Birth parents are living together (married or unmarried) but voluntarily chose to place child for adoption.

4 **Presumed/legal father is not birth father** - The birth mother is married, but her husband is not the birth father.

5 **Readoption by birth parent(s)** - Birth parent(s) are adopting one of their own children who was previously adopted by another couple.

6 **Parent(s) deceased** - Either one or both parents are deceased.

7 **Parent(s) unable to parent** - Parent(s) are mentally, physically or financially unable to care for child, (e.g, birth parent(s) leave their child with relatives for several years and relatives decide to adopt in the best interest of the child).

8 **Abandoned** - The child is deserted and/or of unknown parentage.

9 **Other** - Mark this item if none of the above apply and enter specific reason.

PART IV. - DATA ON LEGAL/BIRTH PARENTS AND ADOPTING PARENT(S)

Item 24A **Race**.

Enter an "X" in the appropriate box for each person to show the racial background of each of the birth parents and adopting parent(s). If the parent is of mixed race, indicate the background by checking the primary race. In cases of mixed race where no one race is primary, determine the race using the following order: Alaskan Native/American Indian, black, Filipino, Asian, white, unknown. (For example, if a person is a mixture of American Indian and Black, check Alaskan Native/American Indian; if a person is a mixture of black and white, check black; if a person is a mixture of Filipino and Chinese, check Filipino, etc).

"White" means a person whose ancestry is of European, North African, or Middle Eastern Origin.

"Black" means a person whose ancestry is any of the racial groups of Africa except North Africa.

"Other Asian/Pacific Islander" means a person whose ancestry is in the Far East, Southeast Asia, the Indian sub-continent, or the Pacific Islands whose specific place of origin is not listed in items 05 through 16.

"Filipino" means a person who ancestry is of the Philippine Islands.

"Alaskan Native/American Indian" means a person whose ancestry is of the Americas and who maintains tribal affiliation or is so recognized in the community.

"Chinese" means a person whose ancestry is of China.

"Cambodian" means a person whose ancestry is of Cambodia.

"Japanese" means a person whose ancestry is of Japan.

"Korean" means a person whose ancestry is of Korea.

"Samoan" means a person whose ancestry is of Samoa.

"Asian/Indian" means a person whose ancestry is of the Indian sub-continent.

"Hawaiian" means a person whose ancestry is of the Hawaiian Islands.

"Guamanian" means a person whose ancestry is of Guam.

"Laotian" means a person whose ancestry is of Laos.

"Vietnamese" means a person whose ancestry is of Vietnam.

"Unknown" means that it is not possible to place the person in any of the above categories.

Item 24B   **Is this person of Hispanic origin?** Enter the correct code (1 = Yes, 2 = No) for each person. This item is separate from Item 18 and both Items must be completed for each person. For example, a person from Cuba might be black and Hispanic; a person from Mexico, white and Hispanic; a person from Peru, Japanese and Hispanic.

Item 25   **Education**. Enter code to show the highest year of schooling completed by each parent. Consider completion of work in schools which offer diplomas or certification only (such as public, private or parochial schools, colleges, universities or professional schools). Trade school training which leads to certification, licensure, etc., should also be included. Code (9) cannot be applied to adopting parents, as the adopting agency has the accurate data on their education.

PART V. - DATA ON ADOPTING PARENT(S)

Item 26   **Is the child being adopted by only one adopting parent?** Enter code to indicate whether the child is being adopted by a couple or single petitioner. "Single petitioner" does not refer to the marital status of the petitioner.

Item 27   **Marital status of adopting parent(s) at time of placement.** This item reports the marital status of each adopting parent. For each parent individually indicate marital status at time of placement.

Item 28   **Is adopting parent(s) related to child (blood, marriage or through previous adoption)?** Enter code in the appropriate boxes.

Item 29   **Birthdate(s) of adopting parent(s)**. Enter the month, day and year of each adopting parent's birth.

Item 30A   **Number of minor children in family of petitioner(s)**. The child who is the subject of this report is already counted as "This adoptive child."

Item 30B   "Other children being adopted" refers to children in the home (other than the subject of this report) whose adoption by this couple is pending.

Item 30C   "Previously adopted" are those children for whom an adoption action other than a stepparent adoption has been completed.

Item 30D   "Biological children of either parent" refers to the petitioner(s)" biological children and not those being adopted or previously adopted.

Item 30E   "Foster children" refers to those children in foster care with none of the above actions pending or in progress.

Item 30F   "Guardianship cases" refers to those cases where a child has been appointed a legal guardian by the court.

Item 30G   "Other children" refers to any other minor children in the home of the adopting parents. This will include relatives, etc.

Item 30H   "Total" should include the total number of children listed in Items 29A through G. If there are no other children in the home, the total will be one.

Item 31   **Employment status of adopting parent(s) prior to**

adoptive placement. Enter code in the appropriate box for each petitioner.

Item 32   **Annual gross income of adopting parent(s).** Enter the annual gross income of the petitioner(s) at the time of the court report. Use gross income, both earned and unearned, before taxes and other deductions.

Item 33   **Did adopting parent(s) meet fact-to-face?** Enter an "X" in appropriate box to indicate whether or not at least one of the adopting parent(s) met with the legal/birth mother and/or the legal/birth father.

Item 34   A and B - **Did petitioner(s) file a guardianship petition?** Enter an "X" in appropriate box.

Item 35   **Do petitioner(s) and legal/birth parent(s) plan to have contact in the future?** Enter an "X" in the appropriate box.

Item 36A   **Did adopting parent(s) pay any expenses of birth parents?** Enter an "X" in the appropriate box to indicate whether adopting parent(s) paid any expenses of birth parents either during or after pregnancy.

Item 36B   If "Yes" in Item 36A, enter the amount in whole dollars of financial assistance that petitioner(s) paid to mother and/or child in each category. If separate expenses were paid for both mother and child, combine them in whole dollars and enter the total.

Item 37   **Agency fee for this child**. Enter the fee the agency is charging the family. If the fee is waived, enter "0". If the fee is deferred, enter the amount the family will pay. If the fee is for more than one child, divide the total fee paid by the family by the number of children (e.g., if a $500 fee divided by 2 children, enter $250 for each child).

Completed by:

The person completing the form should print his/her name, the date completed and telephone number where you can be reached during normal working hours.